Appendix V

Training Material for Transferability Observations

Facility Observation

Protocol for Nursing Home Residents

for

Quality of Life Assessor Training

Division of Health Services Research & Policy

School of Public Health

University of Minnesota

Developed under contract from the

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Purpose

The purpose of these observations is to systematically observe the presence or absence in the nursing home of selected phenomena identified with positive or negative quality of life in residents.

Development of the Observations

The team of researchers that developed the resident interview believe very strongly in obtaining the "resident's voice" when collecting information about a person's quality of life. In the first wave of the study, fifty residents from forty different facilities were sampled and approached to complete the resident interview. Efforts were made to try to elicit answers from as many residents as able, both physically and cognitively. Out of 1988 residents, we had around 600 residents that were not able to answer the interview questions for more than one quality of life domain.

The facility walk-through observation was developed to try to capture the experience of residents, including those not sampled and those unable to be interviewed. We captured the "voice" of these residents by identifying behaviors occurring in the nursing home that relate to the quality of life domains. The information gathered in these observations, when summarized, creates information about the nursing home as a whole, not about any particular resident. In that sense, we consider the information gathered in the walk-through to be indicators rather than direct measures of quality of life.

Researchers developed a long list of behaviors, both positive and negative, potentially linked to many of the eleven domains. These were tested in the first wave of the study, and the items most closely associated with the domains were reworked for the second wave of the study. Most of the observations pertain to interactions between and among residents, between and among staff, and between and among staff and residents. Some refer to solo behavior of residents, and others refer to easily observable but variable features of the physical environment such as noise, clutter, pleasant or noxious odors. They are what you see (or don't see) if you were a visitor walking casually through the facility at any time of the day or what a potential resident may or may not see while observing a meal while touring the facility.

Overview of Observations

Two separate types of observations will be made: walk-throughs of the nursing home and meal observations. The complete facility observation protocol is composed of a set of four separate observations: two facility walk-throughs and two meal observations.

Facility Observation Protocol

Walk-through Observation

A walk-through, like its name, is accomplished by taking a slow steady walk through all the public spaces and units. No doors are opened but the observer looks into all rooms, including bedrooms if the doors are opened. If the observer noticed an organized activity occurring during the walk-through, he/she stops to observe it. The walk-through does not require going into commercial kitchens, laundry rooms, office areas, and the like. It includes only areas used by residents.

Walk-throughs tend to take between 35 and 45 minutes depending on the size of the nursing home. If the nursing home is so small that the walk-through can be completed in less than 30 minutes, retrace your steps until 30 minutes has elapsed so that time periods can be comparable from nursing home to nursing home.

Meal Observation

Observing a meal service in a dining room or dining area is the second type of observation. Two sessions, each 15 minutes for a total of 30 minutes, are made during one mealtime. The main or largest dining room should be chosen. If more than one dining area exists, observe at least two dining rooms. Choose the two largest dining areas. If they are all the same size, choose any two.

If the dining room is large, walk slowly around its circumference. Otherwise, stand at the door and let your eyes roam around the dining room.

Timing and Procedures

The observations are done on different days at varying times during the day, week, and weekend. Your representative from the University of Minnesota will have mapped out the path the walk-through will follow. Because the University representative will accompany you on each walk-through, it is important to get together with him/her to establish a schedule.

In the transferability study, the specific time frames for each observation will be as follows:

Walk-through	Meals
between 9 A.M and 11 A.M	breakfast, lunch, or dinner
between 2 P.M. and 4 P.M.	observe two of the above meals

Nursing Home Personnel as Observers

When nursing home staff makes observations, they have some special challenges.

Acting as an Observer Only: Avoiding Reactions

1. Nursing home staff has jobs and responsibilities, and as they walk through the nursing home, they will be tempted to respond to care needs that they observe. But for this observation, they need to stay in the observer mode, noting both the positive and negative phenomena that they see but not influencing them. It is also possible that staff or residents attempt to attract their attention and will need to be deflected for the time being.

2. During the observation, the observer should not stop to make a request or demand of a staff member, to reprimand a staff member, to assist a resident, to clean up a mess, to join in a party, and so on. It is important to have a consistent approach to noting what is seen in a walk or a meal observation, which ordinarily takes a certain amount of time, and which must be done continuously.

3. Nursing home staff are familiar figures walking through a nursing home, and in many ways less obtrusive than outsiders. It will be possible for them to walk through, or to observe a meal without attracting unusual attention. They should carry their clipboards and minimize interaction with residents or other staff. On the other hand, staff members or residents may attempt to engage the observer more than they would an outside observer. If a staff member or a resident speaks to the observer, he/she should reply briefly that he is tied up with something for about ½ an hour but will return to the staff or resident as soon as possible.

4. The only exception to this observational non-involvement strategy is, of course, if the observer encounters a genuine medical emergency or a resident who is being mistreated. In such rare cases, the observation should be stopped to attend to the crisis. If this happens, the observation should not be counted in the set.

Observation not Interpretation

The observations should be made on the basis of what the observer sees and hears, without a value judgment as to whether the phenomenon observed is justified.

For example:

- an observation of whether more than one resident is being fed at the same time by a staff member is concrete, and can be made regardless of whether the observer thinks double feeding is a good or bad idea and regardless of the facility policy.

$ a noxious odor should be noted whenever the observer smells it, regardless of whether he or she thinks there is a good reason for the odor.

$ clutter in the hallways should be noted if the hallway appears cluttered regardless of whether the facility habitually stores large items in the corridor, or in the opinion of the observer various large service items need to be in the corridors.

$ noise should be noted if noise is audible to those in the corridor or at the nurse's station regardless of whether the noise appears to be necessary. For instance, paging may be important and still be noisy.

Nursing home staff may be so used to the sounds and sights of the nursing home that it may seem peculiar and difficult to try to look at it objectively and as an outsider. That is what is called for during the observation. As much as possible the observer should try to perceive things the way they would imagine a visitor or a layperson coming to the nursing home.

Notes under the items explaining the observations are welcome. These notes are the place to jot down any thoughts about the things observed. For example, in one walk-through, observers noted a strong unpleasant odor but it was linked to the fact that residents were receiving permanents for their hair. Although the odor was there, the note would explain the reason and nature of the odor. Similarly, if the fire alarm has just gone off, this reason for noise would be worth noting.

Doing the Walk-Through

The walk-through itself must cover observations of all parts of the facility where residents can be, except for bathrooms and shower-rooms and bedrooms with doors closed. You can start anywhere, but in the course of the walk-through must go through all corridors in all units, and go through all public space used by residents such as dining rooms, lounges, activity spaces, and lobbies. Do not walk through office space, clinic space, kitchens, laundries, staff lounges, and other "back-stage space."

% Maintain a deliberate slow pace as you walk through the facility.

% Use a clipboard so that you can easily make your notations as you walk along. A watch with clear large numbers is also useful.

% Look to the right and left as you walk along corridors. Look into resident rooms if the doors are open and make pertinent observations of activities occurring inside the room.

% Do not open doors for resident's rooms, tub rooms, or shower rooms.

% Glance into outdoor spaces such as patios and courtyards, and into various indoor public rooms such as lounges, activity areas, and dining areas.

% During the walk-through, stop for 3 minutes to watch any organized activity of the nursing home: i.e. a group activity involving 3 or more residents and a <u>non-resident</u> leader, instructor, or facilitator.

% During the walk-through, you do not need to observe the dining area, as that is a separate observation.
% Each walk-through must take at least 25 minutes. If the facility has limited square footage and is crowded, the walk-through may be feasibly done in a short time–say 15 minutes. In that case, the interviewer should retrace her steps until 25 minutes have elapsed.
% Walk-throughs have no set maximum time. Typically, there is less to see in more spread-out facilities, so the progress along the corridors can often be quick. Record your start time and your stop time, which we will use in our analysis.
% For meal observations, spend 15 minutes at the main or your first dining area. If only one dining room, take at least a five minute break, then return and observe for another 15 minutes. If more than one dining area, walk to the second and begin your observations.
% As a general rule, if some major commotion, noise, or event (positive or negative) occurs during your observation period, turn your attention to it even if that means that you turn or change directions in your stroll.

FACILITY WALK-THROUGH OBSERVATION

Item #	Item content	Definitions and examples
01	Negative resident expression	Resident might say "what a horrible meal" or "I hate sitting near her" or, " I want to go home", or remark negatively about some care routine, some staff member ("you are so mean") or some other resident. Includes muttering under breath. If in doubt, jot down clearly what resident said and discuss with Minnesota staff.
02	Resident in distress	Use when a resident is calling out in distress and no staff are paying attention. Common calls include "help me!" but also count moans and cries without words. If a staff member is there directly assisting the resident, do not count since this item refers to residents in distress not being observed getting staff attention.
03	Staff move residents wheelchair without asking or discussing	This item applies to residents in wheelchairs who have their wheelchairs moved without being told or asked. Usually they are moved from behind.
04	Staff answer questions or fulfill requests	Staff pause to answer resident's questions or fulfill resident's requests. Do not count unless the staff is at eye level with the resident and really stops walking to deal with issue. If the resident is in a wheelchair, the staff member needs to be in a chair, crouched over, or be in something similar to a kneeling position.
05	Staff talk over resident's head	Staff are talking to each other socially when are also attending to a resident or a resident group. This could happen while they transport the resident, while they give the resident care, feed the resident, or supervise an activity or meal. Don't count short, necessary communications between staff about their work plans, such as one asking another if they had answered another residents' light. Don't count if the resident is part of the discussion, e.g., they are talking about a staff member's child but the resident is also commenting as part of the discussion. If the staff members are speaking in a language other than English, count it as a staff conversation unless the resident is clearly participating in the conversation verbally or by non-verbally in a way that shows resident actually understands that language. Long conversations between staff members about the resident without involving the resident should also count. Don't count if the staff conversation, regardless of language, occurs where no residents are present.
06	Resident's body uncovered	The resident is seen with upper body or lower body largely uncovered or private parts exposed. This could be seen inside a resident's room such as the resident being on the commode with the door open or the resident lying in bed unclothed. The resident might be walking down the corridor with trousers around his/her legs. A good rule is if you feel embarrassed or feel you should look away count and write a comment. (Do not count if resident is barefooted only.)

Item #	Item content	Definitions and examples
07	Staff discuss resident's private business in public	Count if a staff member asks a resident for information about weight or bowel and bladder performance in a public space, or conveys information about an individual's health in a way it can be overheard. Also count it if the staff member talks about income, Medicaid status, and other personal information to the resident in front of others, or if the staff member talks about the resident this way in clusters of staff, speaking in public places. Count if a staff member is listening to their answering machine and the phone is on speaker and confidential information about the resident is being heard. The exception is if staff are talking out of hearing of residents about things they must discuss because of direct care implications–e.g. change of shift, communication of necessary information to person who needs to know (e.g., "Mrs. Jones needs her water pill").
08	Staff impose restriction	Count this if you hear a staff member telling a resident about a rule that prohibits him or her from doing something he/she chooses, or informing the resident that he/she must stop doing something because it is against the rules. Examples; "No you can't sit here. You are assigned to table 4", or "You cannot go to the lobby more than 15 minutes before the van arrives." Also count if the restriction is imposed indirectly, such as staff telling family member that resident is not allowed to do certain things because of facility rules.
09	Staff speaking roughly or threatening	Count this if you hear a staff member speak roughly or in a demeaning way to a resident, or speak in a threatening way. Count if staff seem rough and abrupt in care. Often it is not so much what you hear, but the tone of the voice, facial expressions like rolling the eyes, or abruptness when walking away. Note that you are likely not to see this often, and when you do, it may occur in a resident's room or side room that you glance into rather than in a more public spot. If in doubt, count and leave a note as to what you heard.
10	Resident heard laughing	Resident is seen/heard expressing happiness or positive emotions. Include comments of joy and pleasure. Examples: "I just love this activity", "I can't wait until 2:00 for ice cream", "Tomorrow nurse Judy is stopping by with her baby. I am so excited to see her and her new baby", "Hi, Mary"…smiling, giving a big hug to someone he/she is glad to see.
11	Resident disengaged at nursing station	Count any resident in wheelchairs or chairs who are sitting at the nurse's station clearly doing nothing or who are sleeping. If you are sure that they are being transported to a meal or an activity or if a staff member is literally moving the wheelchair in the vicinity of the nurse's station, do not count. If a resident is engaged in a conversation with a staff member or other resident while at the nursing station, do not count that resident as disengaged. If resident is reading, do not count as disengaged. If you walk by the nurse's station and the resident's eyes follow your every step do not count as disengaged. Often the nurse's station is a hub of activity and residents go there to people watch and visit with other residents or staff.

Item #	Item content	Definitions and examples
12	Resident solo activity	Count if you see a resident engaged in anything by him or herself such as reading a book or newspaper, pursuing a hobby, doing a puzzle, watering plants, engaged in volunteer activity for the facility, using the computer, walking a dog, interacting with an animal. If you see such activity either when you glance into the resident's room or in on your walk-through route, count it. Do not count TV watching, though you may count radio or CD listening.
13	Spontaneous activity	A group activity with 2 or more residents happening without leadership. Residents conversing, doing handwork together, card games, or puzzles would count.
14	Organized activity	This refers to any grouping of residents doing a formal activity you see that is led by a non-resident (i.e., staff member or volunteer) that involves 3 or more residents. Do not count groups of residents seated at a TV as a group activity. If the formal activity consists of a movie or video being watched at a television screen, count that activity.
15.	Disengaged during organized activity	A resident is present at an organized activity (that is an activity with 3 or more residents and a leader, instructor, or facilitator who is staff or volunteer), but is paying no attention, staring off into space, and/or is generally disengaged with that activity. If this is an activity which involves music and the resident appears disengaged, before you count him/her as disengaged look to see if he/she is tapping his/her feet, nodding his/her heard, or patting his/her hand. If so, do not count as disengaged. If the lights are off for a film, do not turn on lights and omit that activity from the observation.
16.	Noxious noise levels	Noises that can be heard during the walk such as alarms, loud music, loud paging, shouts, or TV's blaring.
17.	Unpleasant odors	Unpleasant odors that are noticeable during the walk. These could include odors of urine, feces, garbage, mildew, or ammonia.
18.	Clutter in hallways	Unattended cleaning equipment, medical carts, and delivery equipments should be counted. Do not count a cleaning cart if the cleaner is there using the mop. But do not consider equipment attended unless you actually see the person who is using it. Count furniture present in corridors that does not serve a purpose (such as a bench for resident seating). Prostheses, wheelchairs, and other equipment in the corridors can be considered clutter even if that is where they are usually stored. Watch to see if a resident would have access to the handrails along both sides of the corridors and if access is prevented that suggests clutter.

MEAL OBSERVATION

(Items 1 through 8 in the meal observation are the same as items 1-8 in the walk-through.)

Item #	Content	Definitions and examples
09.	Residents not talking at a meal	Resident groups at dining tables have no social conversation with each other or with staff members.
10.	Resident fed messily	Being fed messily includes staff member putting food in the resident's mouth quickly without allowing time for swallowing and not wiping up dribbles. It includes residents seen with food on their clothing and bodies. If family members are feeding resident messily, do not count. Also do not count if you observe a resident being fed slowly and respectfully and with frequent wiping of the resident's mouth and despite best efforts some food escapes unto a bib.
11.	Staff feeding more than one resident at a time	Staff feeding 2 or more residents at a time, either at a horseshoe table, a circular feeding table, or dining table.
12.	Tablecloths or placemats	Tables have tablecloths or placemats at each setting.
13.	Centerpiece on each table	Flower or decorative object (something safe and stable) on each table.
14.	Pleasant odors	Fragrant aromas are present, such as bread or cookies baking or fresh out of the oven, fleshly brewing coffee, soup simmering. Count any fragrant or pleasant odor.
15.	Noxious noise levels	Alarms, TV or radio blaring, intercom or paging constantly, loud background music, clattering of dishes or banging pots and pans.
16.	Unpleasant odors	Persistent smells (urine, feces, garbage, mildew) that are unpleasant or offensive.